

<010>	Study Area Code	378004
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Mike.felicissimo@viaero.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)	
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	NE Colorado Cellular, Inc.
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/30/2016
Printed name of Authorized Officer:	Michael Felicissimo
Title or position of Authorized Officer:	Executive VP
Telephone number of Authorized Officer:	9705423605 ext.
Study Area Code of Reporting Carrier:	378004 Filing Due Date for this form: 07/01/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
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TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
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<142> State

<143> County

<144> Tribal Land(s) on which ETC Serves

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

- <146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <147> Feasibility and sustainability planning;
- <148> Marketing services in a culturally sensitive manner;
- <149> Compliance with Rights of way processes
- <150> Compliance with Land Use permitting requirements
- <151> Compliance with Facilities Siting rules
- <152> Compliance with Environmental Review processes
- <153> Compliance with Cultural Preservation review processes
- <154> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, Not Applicable)

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<200> Date Authorized to Receive Support
 <201> Targeted Completion Date
 <202> Total Mobility Fund Support Awarded
 <203> Total Mobility Fund Support Disbursed

07/29/2013

07/30/2016

131241.45

43747.15

<210> Actual Completion Date

04/22/2015

<211> Project Status Description (attached)

Nebraska Sites complete.pdf

{Name of PDF attached}

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212> Status of Network Deployment - Network Design
 <213> Status of Network Deployment - Construction
 <214> Status of Network Deployment - Deployment
 <215> Status of Network Deployment - Maintenance
 <216> Project Budget Status
 <217> Project Plan Status

✓
✓
✓
✓

<218> Network will Support 3G/4G Mobile Service ?

☐ 3G
 ☒ 4G

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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: NE Colorado Cellular, Inc.

Signature of Authorized Officer: CERTIFIED ONLINE

Date 06/30/2016

Printed name of Authorized Officer: Michael Felicissimo

Title or position of Authorized Officer: Executive VP

Telephone number of Authorized Officer: 9705423605 ext.

Study Area Code of Reporting Carrier: 378004

Filing Due Date for this form: 07/01/2016

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:**Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier**

I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer:

Date:

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier:

Filing Due Date for this form:

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TO BE COMPLETED BY THE AUTHORIZED AGENT:**Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier**

I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier:

Name of Authorized Agent Firm:

Signature of Authorized Agent or Employee of Agent:

Date:

Name of Authorized Agent Employee:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

Study Area Code of Reporting Carrier:

Filing Due Date for this form:

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Attachments

<010> Study Area Code 378004
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 <140> Coverage and Performance Report Year 07/2015 - 06/2016

<141>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
NE	Boyd	310159758001088	0	0	0	0.02	0.02	0.02	Yes
NE	Boyd	310159758001198	0	0	0	0.51	0.51	0.51	Yes
NE	Boyd	310159758001213	0	0	0	0.01	0.01	0.01	Yes
NE	Boyd	310159758001309	0	0	0	0.17	0.17	0.17	Yes
NE	Boyd	310159758001310	0	0	0	0.06	0.06	0.06	Yes
NE	Boyd	310159758001311	0	0	0	0.68	0.68	0.68	Yes
NE	Boyd	310159758001323	0	0	0	0.15	0.15	0.15	Yes
NE	Boyd	310159758001324	0	0	0	0.37	0.37	0.37	Yes
NE	Boyd	310159758001328	0	0	0	0.58	0.58	0.58	Yes
NE	Boyd	310159758001332	10	10	10	0.16	0.16	0.16	Yes
NE	Boyd	310159758001333	0	0	0	0.29	0.29	0.29	Yes
NE	Boyd	310159758001334	0	0	0	0.05	0.05	0.05	Yes
NE	Boyd	310159758001335	2	2	2	0.08	0.08	0.08	Yes
NE	Boyd	310159758001336	1	1	1	0.08	0.08	0.08	Yes
NE	Boyd	310159758001338	6	6	6	0.07	0.07	0.07	Yes
NE	Boyd	310159758001339	6	6	6	0.15	0.15	0.15	Yes
NE	Boyd	310159758001341	0	0	0	0.12	0.12	0.12	Yes
NE	Boyd	310159758001342	0	0	0	0.21	0.21	0.21	Yes
NE	Boyd	310159758001343	11	11	11	0.22	0.22	0.22	Yes
NE	Boyd	310159758001344	11	11	11	0.14	0.14	0.14	Yes

Percentage of
Total Population
Reached by
Service

100

Percentage of Total
Road Miles covered
by Service

99

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NE	Boyd	310159758001345	5	5	5	0.14	0.14	0.14	Yes
NE	Boyd	310159758001346	0	0	0	0.11	0.11	0.11	Yes
NE	Boyd	310159758001347	1	1	1	0.14	0.14	0.14	Yes
NE	Boyd	310159758001348	8	8	8	0.13	0.13	0.13	Yes
NE	Boyd	310159758001349	3	3	3	0.14	0.14	0.14	Yes
NE	Boyd	310159758001350	0	0	0	0.12	0.12	0.12	Yes
NE	Boyd	310159758001351	1	1	1	0.12	0.12	0.12	Yes
NE	Boyd	310159758001353	0	0	0	0.34	0.34	0.34	Yes
NE	Boyd	310159758001384	0	0	0	0.02	0.02	0.02	Yes
NE	Boyd	310159758001390	0	0	0	0.69	0.69	0.69	Yes
NE	Boyd	310159758001392	0	0	0	0.13	0.13	0.13	Yes
NE	Boyd	310159758001394	8	8	8	0.21	0.21	0.21	Yes
NE	Boyd	310159758001395	0	0	0	0.13	0.0	0.0	Yes
NE	Boyd	310159758001396	0	0	0	0.05	0.03	0.03	Yes
NE	Boyd	310159758001397	0	0	0	0.05	0.05	0.05	Yes
NE	Boyd	310159758001399	0	0	0	0.04	0.04	0.04	Yes
NE	Boyd	310159758001400	2	2	2	0.07	0.07	0.07	Yes
NE	Boyd	310159758001401	0	0	0	0.72	0.72	0.72	Yes
NE	Boyd	310159758001402	0	0	0	2.37	2.37	2.37	Yes
NE	Boyd	310159758001403	3	3	3	2.16	2.16	2.16	Yes

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NE	Boyd	310159758001404	1	1	1	0.02	0.02	0.02	Yes
NE	Boyd	310159758001407	0	0	0	0.82	0.82	0.82	Yes
NE	Boyd	310159758001429	0	0	0	0.28	0.19	0.19	Yes
NE	Boyd	310159758001432	3	3	3	2.09	2.09	2.09	Yes
NE	Boyd	310159758001433	4	4	4	3.57	3.57	3.57	Yes
NE	Boyd	310159758001434	3	3	3	0.07	0.07	0.07	Yes
NE	Boyd	310159758001435	1	1	1	0.07	0.07	0.07	Yes
NE	Boyd	310159758001436	0	0	0	0.15	0.15	0.15	Yes
NE	Boyd	310159758001437	18	18	18	0.41	0.41	0.41	Yes
NE	Boyd	310159758001438	4	4	4	0.13	0.13	0.13	Yes
NE	Boyd	310159758001439	0	0	0	0.12	0.12	0.12	Yes
NE	Boyd	310159758001441	4	4	4	5.15	5.15	5.15	Yes
NE	Boyd	310159758001443	0	0	0	0.51	0.51	0.51	Yes
NE	Boyd	310159758001444	0	0	0	1.07	0.99	0.99	Yes
NE	Boyd	310159758001449	0	0	0	0.21	0.21	0.21	Yes
NE	Boyd	310159758001450	0	0	0	0.09	0.09	0.09	Yes
NE	Boyd	310159758001451	9	9	9	0.16	0.16	0.16	Yes
NE	Boyd	310159758001452	0	0	0	0.03	0.03	0.03	Yes
NE	Boyd	310159758001453	7	7	7	0.13	0.13	0.13	Yes
NE	Boyd	310159758001456	4	4	4	0.33	0.33	0.33	Yes

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State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
NE	Boyd	310159758001457	0	0	0	0.07	0.07	0.07	Yes
NE	Boyd	310159758001458	6	6	6	0.14	0.14	0.14	Yes
NE	Boyd	310159758001459	14	14	14	0.14	0.14	0.14	Yes
NE	Boyd	310159758001461	6	6	6	0.59	0.59	0.59	Yes
NE	Boyd	310159758001462	0	0	0	0.09	0.09	0.09	Yes
NE	Boyd	310159758001463	1	1	1	0.08	0.08	0.08	Yes
NE	Boyd	310159758001464	0	0	0	0.18	0.18	0.18	Yes
NE	Boyd	310159758001465	8	8	8	0.14	0.14	0.14	Yes
NE	Boyd	310159758001466	6	6	6	0.12	0.12	0.12	Yes
NE	Boyd	310159758001467	14	14	14	0.36	0.36	0.36	Yes
NE	Boyd	310159758001468	3	3	3	0.14	0.14	0.14	Yes
NE	Boyd	310159758001469	14	14	14	0.14	0.14	0.14	Yes
NE	Boyd	310159758001470	0	0	0	0.02	0.02	0.02	Yes
NE	Boyd	310159758001471	16	16	16	0.14	0.14	0.14	Yes
NE	Boyd	310159758001472	2	2	2	0.17	0.17	0.17	Yes
NE	Boyd	310159758001473	11	11	11	0.17	0.17	0.17	Yes
NE	Boyd	310159758001474	0	0	0	0.15	0.15	0.15	Yes
NE	Boyd	310159758001484	0	0	0	0.02	0.02	0.02	Yes
NE	Boyd	310159758001485	5	5	5	0.16	0.16	0.16	Yes
NE	Boyd	310159758001486	0	0	0	0.17	0.17	0.17	Yes

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NE	Boyd	310159758001487	0	0	0	0.17	0.17	0.17	Yes
NE	Boyd	310159758001488	0	0	0	0.33	0.33	0.33	Yes
NE	Boyd	310159758001489	0	0	0	0.23	0.23	0.23	Yes
NE	Boyd	310159758001490	0	0	0	0.12	0.12	0.12	Yes
NE	Boyd	310159758001491	0	0	0	0.8	0.8	0.8	Yes
NE	Boyd	310159758001492	0	0	0	0.48	0.48	0.48	Yes
NE	Boyd	310159758001493	0	0	0	0.27	0.27	0.27	Yes
NE	Boyd	310159758001494	0	0	0	0.22	0.22	0.22	Yes
NE	Boyd	310159758001495	0	0	0	0.84	0.84	0.84	Yes
NE	Boyd	310159758001496	0	0	0	0.68	0.68	0.68	Yes
NE	Boyd	310159758001497	1	1	1	1.33	1.33	1.33	Yes
NE	Boyd	310159758001498	0	0	0	0.59	0.59	0.59	Yes
NE	Boyd	310159758001499	0	0	0	0.26	0.26	0.26	Yes
NE	Boyd	310159758001500	13	13	13	1.7	1.7	1.7	Yes
NE	Boyd	310159758001501	1	1	1	0.83	0.83	0.83	Yes
NE	Boyd	310159758001502	0	0	0	0.17	0.17	0.17	Yes
NE	Boyd	310159758001503	0	0	0	0.31	0.31	0.31	Yes
NE	Boyd	310159758001504	0	0	0	0.13	0.13	0.13	Yes
NE	Boyd	310159758001505	1	1	1	0.16	0.16	0.16	Yes
NE	Boyd	310159758001506	0	0	0	0.13	0.13	0.13	Yes

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NE	Boyd	310159758001507	0	0	0	0.15	0.15	0.15	Yes
NE	Boyd	310159758001508	0	0	0	0.19	0.19	0.19	Yes
NE	Boyd	310159758001509	0	0	0	0.23	0.23	0.23	Yes
NE	Boyd	310159758001510	0	0	0	0.07	0.07	0.07	Yes
NE	Boyd	310159758001511	1	1	1	0.23	0.23	0.23	Yes
NE	Boyd	310159758001512	0	0	0	0.02	0.02	0.02	Yes
NE	Boyd	310159758001513	0	0	0	0.28	0.28	0.28	Yes
NE	Boyd	310159758001514	13	13	13	5.54	5.54	5.54	Yes
NE	Boyd	310159758001518	0	0	0	0.46	0.46	0.46	Yes
NE	Boyd	310159758001519	0	0	0	0.48	0.48	0.48	Yes
NE	Boyd	310159758001520	5	5	5	0.47	0.47	0.47	Yes
NE	Boyd	310159758001521	0	0	0	4.28	4.28	4.28	Yes
NE	Boyd	310159758001524	0	0	0	0.05	0.05	0.05	Yes
NE	Boyd	310159758001526	0	0	0	0.23	0.23	0.23	Yes
NE	Boyd	310159758001527	0	0	0	0.71	0.71	0.71	Yes
NE	Boyd	310159758001528	0	0	0	0.02	0.02	0.02	Yes
NE	Boyd	310159758001536	0	0	0	0.4	0.4	0.4	Yes
NE	Boyd	310159758001537	4	4	4	2.12	2.12	2.12	Yes
NE	Boyd	310159758001538	0	0	0	1.61	1.58	1.58	Yes
NE	Boyd	310159758001539	0	0	0	0.08	0.08	0.08	Yes

Percentage of
Total Population
Reached by
Service

100

Percentage of Total
Road Miles covered
by Service

99

(060) Coverage and Performance Report

FCC Form 690
Approved by QMB
OMB Control No. 3060-1185

<010> Study Area Code 378004
 <015> Study Area Name NE Colorado Cellular, Inc.
 <020> Program Year 2016
 <030> Contact Name - Person USAC should contact regarding this data Mike Felicissimo
 <035> Contact Telephone Number - Number of person identified in data line <030> 9705423605 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> Mike.felicissimo@viaero.com
 <140> Coverage and Performance Report Year 07/2015 - 06/2016

<141>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
NE	Boyd	310159758001544	0	0	0	0.11	0.11	0.11	Yes
NE	Boyd	310159758001545	0	0	0	0.02	0.02	0.02	Yes
NE	Boyd	310159758001554	0	0	0	0.04	0.01	0.01	Yes
NE	Boyd	310159758001558	7	7	7	0.18	0.18	0.18	Yes
NE	Boyd	310159758001559	7	7	7	0.13	0.13	0.13	Yes
NE	Boyd	310159758001560	25	25	25	0.32	0.32	0.32	Yes
NE	Boyd	310159758001561	0	0	0	0.08	0.08	0.08	Yes
NE	Boyd	310159758001562	7	7	7	0.16	0.16	0.16	Yes
NE	Boyd	310159758001563	0	0	0	0.09	0.09	0.09	Yes
NE	Boyd	310159758001564	8	8	8	0.18	0.18	0.18	Yes
NE	Boyd	310159758001565	3	3	3	0.07	0.07	0.07	Yes
NE	Boyd	310159758001566	5	5	5	0.12	0.12	0.12	Yes
NE	Boyd	310159758001567	0	0	0	0.1	0.1	0.1	Yes
NE	Boyd	310159758001568	8	8	8	0.2	0.2	0.2	Yes
NE	Boyd	310159758001569	0	0	0	0.03	0.03	0.03	Yes
NE	Boyd	310159758001570	0	0	0	0.43	0.43	0.43	Yes
NE	Boyd	310159758001572	0	0	0	0.62	0.62	0.62	Yes
NE	Boyd	310159758001574	0	0	0	0.06	0.06	0.06	Yes
NE	Boyd	310159758001575	0	0	0	0.21	0.21	0.21	Yes
NE	Boyd	310159758001576	0	0	0	0.07	0.07	0.07	Yes

Percentage of
Total Population
Reached by
Service

100

Percentage of Total
Road Miles covered
by Service

99

<010> Study Area Code 378004
 <015> Study Area Name NE Colorado Cellular, Inc.
 <020> Program Year 2016
 <030> Contact Name - Person USAC should contact regarding this data Mike Felicissimo
 <035> Contact Telephone Number - Number of person identified in data line <030> 9705423605 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> Mike.felicissimo@viaero.com
 <140> Coverage and Performance Report Year 07/2015 - 06/2016

<1>	<2>	<3>	<4>	<5>	<6>	<7>	<8>	<9>	<10>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
NE	Boyd	310159758001578	0	0	0	0.04	0.04	0.04	Yes
NE	Boyd	310159758001579	0	0	0	0.01	0.01	0.01	Yes
NE	Boyd	310159758001582	0	0	0	0.12	0.12	0.12	Yes
NE	Boyd	310159758001584	0	0	0	0.04	0.04	0.04	Yes
NE	Boyd	310159758002209	0	0	0	0.68	0.68	0.68	Yes
NE	Boyd	310159758002211	1	1	1	2.78	2.78	2.78	Yes
NE	Boyd	310159758002219	0	0	0	0.09	0.09	0.09	Yes
NE	Boyd	310159758002220	0	0	0	0.4	0.4	0.4	Yes
NE	Boyd	310159758002221	0	0	0	0.16	0.15	0.15	Yes
NE	Boyd	310159758002227	0	0	0	1.45	1.45	1.45	Yes
NE	Boyd	310159758002232	0	0	0	0.23	0.0	0.0	Yes
NE	Boyd	310159758002234	0	0	0	0.18	0.0	0.0	Yes
NE	Boyd	310159758002236	0	0	0	0.12	0.0	0.0	Yes
NE	Boyd	310159758002241	0	0	0	0.02	0.02	0.02	Yes
NE	Boyd	310159758002242	0	0	0	0.02	0.02	0.02	Yes
NE	Boyd	310159758002262	2	2	2	1.94	1.94	1.94	Yes
NE	Boyd	310159758002267	6	6	6	3.4	3.4	3.4	Yes
NE	Boyd	310159758002270	0	0	0	0.42	0.42	0.42	Yes
NE	Boyd	310159758002271	2	2	2	0.74	0.74	0.74	Yes
NE	Boyd	310159758002272	0	0	0	0.31	0.31	0.31	Yes

Percentage of
Total Population
Reached by
Service

100

Percentage of Total
Road Miles covered
by Service

99

[illegible]

100

99

NE Colorado Cellular, Inc.

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules,¹ NE Colorado Cellular, Inc. ("Filer") submits that there is no material updates to its project description, included the projected budget, associated with this Study Area Code that was provided by Filer in its FCC Form 690 filed in conjunction with its Auction 901 winning bids.

In the FCC Form 680, Filer explained that in order to provide the most advanced wireless broadband service available to date, Filer is using the proceeds from auction 901 to expand its footprint with new cell sites, and supplementing its existing network footprint with 4G service. Specifically, utilizing the PCS spectrum, Filer intends to provide high speed, broadband data services over 4G. Further, installation of new cell sites and the overlay of 4G will enable Filer to meet its public interest obligations to provide rural Nebraska citizens with comparable to those available in urban areas.

As of this date Filer is in the process of testing the 4G services. Filer has completed design, construction and turn up of 4G services.

¹ Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

Mobility Fund Phase 1 - \$54.1009 Annual Reporting Data Collection Form	FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
----------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------

<010> Study Area Code	378006	Accepted / Filed
<015> Study Area Name	NE Colorado Cellular, Inc.	
<020> Program Year	2016	JUL - 1 2016
<030> Contact Name: Person USAC should contact with questions about this data	Mike Felicissimo	Federal Communications Commission Office of the Secretary
<035> Contact Telephone Number: Number of the person identified in data line <030>	9705423605 ext.	
<039> Contact Email: Email of the person identified in data line <030>	mike.felicissimo@viaero.com	

<040> Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N) ☐ ☒

<041> Attach a description of the documents filed with the Form 481 reporting

<041>

<042> Cite the Study Area Code (SAC) for the Form 481 reporting

<042>

<080> Tribal Lands Reporting (y/n?) *(Does this study area cover tribal lands? Yes or No)*

☐ ☒

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

<010>	Study Area Code	378006
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	8314569
<111>	Filing Carrier Name	NE Colorado Cellular, Inc.
<112>	Winning Bidder Carrier Name	NE Colorado Cellular, Inc.
<113>	Street Address (or PO Box)	1224 W Platte Avenue
<114>	City	Fort Morgan
<115>	State	CO
<116>	Zip-Code	80701
<117>	Telephone Number	9705423605 ext.
<118>	Fax Number	9708673589
<119>	Email Address	mike.felicissimo@viaero.com

Contact Information

if same as above, indicate in this box



<120>	Name (First, MI, Last, Suffix)	Mike Felicissimo
<121>	Filing Carrier Name	NE Colorado Cellular, Inc.
<122>	Street Address (or PO Box)	1224 W Platte Avenue
<123>	City	Fort Morgan
<124>	State	CO
<125>	Zip-Code	80701
<126>	Telephone Number	9705423605 ext.
<127>	Fax Number	9708673589
<128>	Email Address	mike.felicissimo@viaero.com

Authorized Agent Information

if no agent, indicate in this box



<130>	Name (First, MI, Last, Suffix)	
<131>	Company	
<132>	Street Address (or PO Box)	
<133>	City	
<134>	State	
<135>	Zip-Code	
<136>	Telephone Number	
<137>	Fax Number	
<138>	Email Address	

Coverage and Performance attachments

SAC_378006_Chase_NE_Voice_Shapefile.zip,
SAC_378006_Chase_NE_Broadband_Shapefile.zip

[illegible]

100	
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97

<010> Study Area Code	378006
<015> Study Area Name	NE Colorado Cellular, Inc.
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035> Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)	
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	NE Colorado Cellular, Inc.
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/30/2016
Printed name of Authorized Officer:	Michael Felicissimo
Title or position of Authorized Officer:	Executive VP
Telephone number of Authorized Officer:	9705423605 ext.
Study Area Code of Reporting Carrier:	378006 Filing Due Date for this form: 07/01/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<010>	Study Area Code	378006
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

<142> State

<143> County

<144> Tribal Land(s) on which ETC Serves

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

- <146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <147> Feasibility and sustainability planning;
- <148> Marketing services in a culturally sensitive manner;
- <149> Compliance with Rights of way processes
- <150> Compliance with Land Use permitting requirements
- <151> Compliance with Facilities Siting rules
- <152> Compliance with Environmental Review processes
- <153> Compliance with Cultural Preservation review processes
- <154> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, Not Applicable)

<010> Study Area Code 378006
 <015> Study Area Name NE Colorado Cellular, Inc.
 <020> Program Year 2016
 <030> Contact Name - Person USAC should contact regarding this data Mike Felicissimo
 <035> Contact Telephone Number - Number of person identified in data line <030> 9705423605 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> mike.felicissimo@viaero.com

<200> Date Authorized to Receive Support
 <201> Targeted Completion Date
 <202> Total Mobility Fund Support Awarded
 <203> Total Mobility Fund Support Disbursed

07/23/2013

07/30/2016

201882.45

67294.15

<210> Actual Completion Date

04/22/2015

<211> Project Status Description (attached)

Nebraska Sites complete.pdf

{Name of PDF attached}

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212> Status of Network Deployment - Network Design
 <213> Status of Network Deployment - Construction
 <214> Status of Network Deployment - Deployment
 <215> Status of Network Deployment - Maintenance
 <216> Project Budget Status
 <217> Project Plan Status

✓
✓
✓
✓

<218> Network will Support 3G/4G Mobile Service ?

☐ 3G
 ☒ 4G

<010>	Study Area Code	378006
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: NE Colorado Cellular, Inc.

Signature of Authorized Officer: CERTIFIED ONLINE

Date 06/30/2016

Printed name of Authorized Officer: Michael Felicissimo

Title or position of Authorized Officer: Executive VP

Telephone number of Authorized Officer: 9705423605 ext.

Study Area Code of Reporting Carrier: 378006

Filing Due Date for this form: 07/01/2016

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

<010> Study Area Code	378006
<015> Study Area Name	NE Colorado Cellular, Inc.
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035> Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent: _____

Name of Reporting Carrier: _____

Signature of Authorized Officer: _____

Date: _____

Printed name of Authorized Officer: _____

Title or position of Authorized Officer: _____

Telephone number of Authorized Officer: _____

Study Area Code of Reporting Carrier: _____

Filing Due Date for this form: _____

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier: _____

Name of Authorized Agent Firm: _____

Signature of Authorized Agent or Employee of Agent: _____

Date: _____

Name of Authorized Agent Employee: _____

Title or position of Authorized Agent or Employee of Agent: _____

Telephone number of Authorized Agent or Employee of Agent: _____

Study Area Code of Reporting Carrier: _____

Filing Due Date for this form: _____

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Attachments